

Approved, SCAO

Original - Friend of the Court
1st copy - Plaintiff
2nd copy - Defendant
3rd copy - for Return (Request)

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**NOTICE FOLLOWING ORDER FOR
PAYMENT OF ARREARAGE
(LICENSE SUSPENSION)**

CASE NO.

Friend of the Court address

Telephone no.

Plaintiff name, address, and telephone no.

☐ Payer

Defendant name, address, and telephone no.

☐ Payer

TO THE PAYER:

1. Date of notice: _____
2. On _____ the court entered an order conditioning the suspension of your license(s) upon your
Date compliance with and order for payment of arrearages in scheduled installments.
3. You failed to fully comply with that order and your driver's, occupational, recreational, and/or sporting license(s) will be suspended as required in the order for payment of arrearages unless you request a hearing within 14 days to show that you have complied with the order. If you require special accommodations to use the court because of a disability, please contact the court immediately to make arrangements. When contacting the court, always provide your case number(s).

FRIEND OF THE COURT

REQUEST FOR HEARING

I request a hearing to show that I have complied with the conditional suspension order.

Date

Signature